

Appl. No. 10/027,073  
Amendment dated September 23, 2005  
Reply to Office Action of September 21, 2004  
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### **Remarks**

This application has been carefully reviewed in light of the Office Action dated September 21, 2004. By way of this amendment, claims 14-26 and 29-32 have been canceled. New claims 33-46 have been presented. Claims 33-46 are currently pending in the application.

Previous claims 14-26 and 29-32 were rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 5,924,074 (Evans) in view of U.S. Patent 5,970,466 (Detjen et al.) and further in view of U.S. Patent 6,283,761 (Joao). Applicant submits that this rejection is moot in view of the cancellation of claims 14-26 and 29-32.

Applicant has chosen to add new claims 33-46. No new matter is contained therein. These claims point out with more specificity the nature of the present system as a computer-implemented disease management system in which all aspects of the treatment of a particular disease are coordinated.

This stands in contrast to the cited prior art which is directed to (1) electronic records management (e.g., Evans) or (2) systems (e.g. Joao et al.) which attempt to supplement or replace human judgment with stored data and algorithms in the diagnosis of disease.


The present invention provides for the comprehensive and organized treatment of chronic conditions by providing a unified plan of care, which specifies what tests are needed to diagnose a patient and gives all parties involved scheduling information about the tests, and then stores the results of the tests. The completion status and results of the tests are known by all relevant parties, even if individual tests are performed by different healthcare providers at geographically separate locations. The plan of care thus serves as both a scheduling and management tool. The prior art of record is not believed to disclose or suggest these new claims. More specifically, this system also allows for post-treatment feedback to determine the success or failure of a particular treatment track, and this element is specifically included in the new claims presented herein.

In view of the above, it is submitted that the claims are in condition for allowance. Reconsideration of the objections and rejections is requested. Allowance of claims 33-46

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at an early date is solicited.

Respectfully submitted,

  
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